

P04000145247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

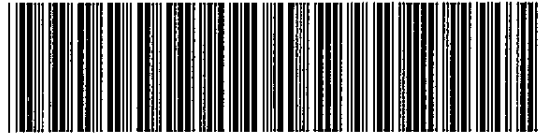
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT OF STATE
TALLAHASSEE, FLORIDA
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DEPT OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Patients First Raymond Diehl Medical Center, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Royce Riker Spring II

Name (Printed or typed)

3258 N. Monroe Street

Address

Tallahassee, FL 32303

City, State & Zip

850-562-2010

Daytime Telephone number

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Patients First Raymond Diehl Medical Center, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3258 N. Monroe Street
Tallahassee, Florida 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide healthcare services to the public.

ARTICLE IV SHARES

The number of shares of stock is:

One thousand (1000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President Randy R. Reese, MD 4850 Bradfordville Road Tallahassee, FL 32308
Vice President Thomas L. Hicks, MD 2302 Ellicott Drive Tallahassee, FL 32312

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Brian S. Webb
2487 Elfinwing Lane
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brian S. Webb
2487 Elfinwing Lane
Tallahassee, FL 32309

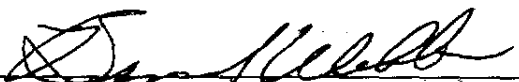
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/18/04

Date



Signature/Incorporator

10/18/04

Date

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TALLAHASSEE, FLORIDA